PRINCE OF REATH (IF NOT IN POSITION ST. LOUIS  NOT NOT ST. LOUIS  L. PLACE OF REATH (IF NOT IN POSITION ST. LOUIS  L. COUNTY St. LOUIS	MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH -62-009419									
No. 74.50 No. 74	DO NOT WRITE				Registration District No. 317 Primary Registration District No. 544 Registrar's No. 360 STATE FILE N	IUMBER				
St. Louis St. Lo		AN	MENDED							
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MODELLA COR Sec. 1 Sec. 1 Sec. 1 Sec. 1 Sec. 1 Sec. 2 Sec. 1 Sec. 2 Sec.	Rev. 4/59	2	111		b. CITY (If outside corporate limits, give TOWNSHIP only)   Length of stay in 1b    c. CITY	Inside Limits				
MODELLA COR Sec. 1 Sec. 1 Sec. 1 Sec. 1 Sec. 1 Sec. 2 Sec. 1 Sec. 2 Sec.	1 , .		111	J	MATINGON TO DESCRIPTION OF THE PROPERTY OF THE					
3. NAME OF DECEASED FIRST NAMED ALEBERT F. Models SENTER DEATH Jammary 25, 1962  4 0 0 5 1 1	· — —	اسا			c. FULL NAME OF (If NOT in hospital, give location)   Inside Limits   d. STREET (If cutside, give location)   HOSPITAL OR   ADDRESS					
ALBERT F. SENGER OF James 25, 1962  5 1  6 0  5 5 EX	24024	<b>~</b>  8			St. Joseph Hospital   1615 N. Berry Rd.,	Tes LI No 12				
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Maila   Michael 2: Diversed   3/7/79   82   Month   Day   Mounth   Day   Month   Day	4 0			ı	5. SEX · 6. COLOR OR RACE 7. Married R Never Married B. DATE OF BIRTH 9. AGE (last birthday) IF UNDER 1 YEA	AR IF UNDER 24 HR				
10. USUAL OCCUPATION (Give kind of work done Retired of What Counting Manager 1	5 1			H	Widowed 2 Divorced \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Hours Min.				
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15. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO.  17. INFORMANT  18. CAUSE OF DEATH (Enter only one cause par line)  19. CAUSE OF DEATH (Enter only one cause par line)  10. INFORMANT  10. INFORMANT  11. INFORMANT  12. Conditions, if any, which is not above cause (as in the total disease conditions) which cause (as in the total disease conditions) is not above cause (b).  10. INFORMANT  11. INFORMANT  12. Address of Death (Enter only one cause par line)  12. Conditions, if any, which is not above cause (b).  13. INFORMANT  14. CONDITIONS  15. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO.  17. INFORMANT  18. CAUSE OF DEATH (Enter only one cause par line)  18. CAUSE OF DEATH (Enter only one cause par line)  19. WAS AUTOPSY  20. Conditions, if any, which is not one cause par line)  10. Suppose cause (a).  20. Stating the underly cause last)  20. DUE TO (b)  20. THERE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal mere a pregnancy in last 90 days.  19. WAS AUTOPSY  20. THERE OF HOUT Month, Day, Year  19. WAS AUTOPSY  20. THERE OF HOUT MONTH, DAY (16)  21. I attended the deceased from 1954  22. DATE SIGNAL SECOND (16)  22. DATE SIGNAL SECOND (16)  23. BORIAL CERMATION.  23. BORIAL CERMATION.  24. DATE SIGNAL SECOND (16)  25. DATE RECO. BY LOCAL REC. DAY REGISTRAR SECOND (16)  26. DESCRIBE HOW INJURY OCCURRED.  27. DATE SIGNAL SECOND (16)  28. DOCK HOUT MONTH, DAY (16)  29. DATE SIGNAL SECOND (16)  20. DATE SIGNAL SECOND (16)  21. DATE SIGNAL SECOND (16)  22. DATE SIGNAL SECOND (16)  23. DOCK HOUT MONTH, DAY (16)  24. LOCAL SECOND (16)  25. DATE RECO. BY LOCAL REC. DAY REGISTRAR SECOND (16)  26. DATE SIGNAL SECOND (16)  27. DATE SIGNAL SECOND (16)  28. DOCK HOUT MONTH (16)  2	7 7				13a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WII					
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   Address Glendale, Mo.	l ————	[[	111		TALE LIEU COMPANY					
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PART II. DE TO (E)  11	9101	i I I		1		ry Rd.				
Image   Imag		N N		۶Ì	1 18. CAUSE OF DEATH (Enter only one cause per line	NTERVAL BETWEEN				
Which gave rise to above cause (a), stating the underlying cause last. Due to (c)    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal plant like a pregnancy in last 90 days.   PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a pregnancy in last 90 days.   Part III. If deceased was female was			- I - I i		1 Was De and a March Col.	3 mons				
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The state of the last saw him alive on 1-25-62    State   Stat	<i>i</i>		1 1		1 100	<del></del>				
20d. NJURY OCCURED WHILE AT WORK   20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.)  21. I attended the deceased from 1954.  22d. Signature   22d. Death occurred at   22d. Death occ	Jobi	[₹	111	1	INJURY s.m.	. *-				
NOT WRITE AT WORK 1  21. I attended the deceased from 1954.  Death occurred at 1954.  Death occu					20d INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY	STATE				
22a. SIGNATURE  22a. DATE SIGNED  Webster Groves 19, Missouri.  1-26-62  23a. BDRIAL, CREMATION, REMOVAL (Specify)  Burial  24. FUNERAL DIRECTOR  ADDRESS  25. DATE RECD. BY LOCAL REG.  26. REGISTRAR'S SIGNATURE  26. REGISTRAR'S SIGNATURE  27. DATE RECD. BY LOCAL REG.  28. REGISTRAR'S SIGNATURE  29. Market of Cemetery  St. Louis County, Mo.  25. DATE RECD. BY LOCAL REG.  26. REGISTRAR'S SIGNATURE  27. Market of Cemetery  St. Louis County, Mo.  25. DATE RECD. BY LOCAL REG.  26. REGISTRAR'S SIGNATURE  27. Market of Cemetery  St. Louis County, Mo.	<b>.</b> .		111		I WHILE AT WORK I I farm, factory, street, office bldg., etc.)					
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Louis H. Bopp, Inc. Kirkwood, Mo. 1-29-62 John 6. Murgley		<u>    0</u>		<u>≙</u>	REMOVAL (Specify)	, <i>,</i>				
Louis H. Bopp, Inc. Kirkwood, Mo. 1-29-62 John 6. Murgley				¥.		hod:				
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		1 1-1	1 1 1	_	(Licensed Embalmer's Statement on Reverse Side)	<del></del>				

## STATEMENT BY LICENSED EMBALMER

, I here	by certify that the	body whose name is re	corded on the rev	verse side	e of this certificate was embalmed by me,
or by					, Student Embalmer No
working unde	er my personal supe	ervision.		1	· VII lola
Student	Signature of Stu	dent Embalmer	Signed	11	and Wystraft
	- <del>-</del>				Licensed Embalmer No. 4572
7-22-6	×	67-20-1		ia E	P. O. Address Justine The

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

\*\*\* If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

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